

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEC MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>American Hospital Association PAC</b>		DATE <b>2000 SEP 20 P 4:30</b> <b>9/15/00</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>325 7th Street, NW</b>		3. FEC IDENTIFICATION NUMBER <b>C00106146</b>
(c) City, State and ZIP Code <b>Washington, DC 20007</b>		4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- |                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|                   |                             |               |                |
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☒ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
See Attached		

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <b>Al Jackson</b>	SIGNATURE OF TREASURER 	DATE <b>9/15/00</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-Free 800-424-9530

FEC FORM 1  
Revised 8/97

**American Hospital Association Political Action Committee  
Statement of Organization**

**Attachment**

6.

<b>Name of Any Connected Organization or Affiliate Committee</b>	<b>Mailing Address</b>	<b>Relationship</b>
<b>AzHHA Political Action Committee</b>	<b>1501 W. Fountainhead Pwky. Suite 650 Tempe, AZ 85282</b>	<b>Affiliated</b>
<b>California Healthcare Association PAC-Federal</b>	<b>P.O. Box 1100 Sacramento, CA 95812-1100</b>	<b>Affiliated</b>
<b>PAC of Missouri Hospital Association</b>	<b>P.O. Box 60 Jefferson City, MO 65102-0060</b>	<b>Affiliated</b>
<b>Montana Hospital Association PAC-Federal Fund</b>	<b>P.O. Box 1519 Helena, MT 59604</b>	<b>Affiliated</b>
<b>North Carolina Hospital PAC- Federal</b>	<b>P.O. Box 80428 Raleigh, NC 27623</b>	<b>Affiliated</b>
<b>Health Alliance Political Action Committee - Federal</b>	<b>4750 Lindle Road Harrisburg, PA 17105</b>	<b>Affiliated</b>
<b>THA-The Association of Texas Hospitals and Health Care Organizations PAC</b>	<b>6225 U.S. Highway 290 East Austin, TX 78723</b>	<b>Affiliated</b>
<b>Healthcare Association of Hawaii PAC</b>	<b>932 Ward Avenue Honolulu, HI 96814</b>	<b>Affiliated</b>
<b>New York State Hospital and Healthcare Associations' Federal Political Action Committee</b>	<b>74 North Pearl Street Albany, NY 12207</b>	<b>Affiliated</b>
<b>Wisconsin Health &amp; Hospital Association Federal PAC d/b/a Healthy Wisconsin Federal PAC</b>	<b>5721 Odana Road Madison, WI 53719</b>	<b>Affiliated</b>

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt <i>9-20-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>for</i> PREPARER	<i>9-20-00</i> DATE PREPARED